North Carolina Department of Transportation Citizen Incident Statement



This form is designed to assist in reporting an incident resulting in damage or injury that involved the North Carolina Department of Transportation.

GENERAL INFORMATION: (Please fill out General Information for either vehicle incident or property incident)

our Address: State: Zip Code: elephone: Business: () Location: ate of Incident: Time: Location: ate Agency Involved in Incident: at employee you consider responsible for the cident: ddress: xplain in your own words how you were injured or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident: and are a second or damaged and in what way you believe the State employee was responsible for the cident.	our Name: _								
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INCIDENT INVOLVING A MOTOR VEHICLE: (Please fill out only if incident involved a motor vehicle)

se Number:er:er of Vehicle:er of Vehicle:end Policy Numer of Vehicle at the time of the influence that the vehicle been repaired?evehicle has been repaired, state of Repair:erepairs were paid for, who paid	nber: ncident: e place where it w . Have the Repair	State: Age: as repaired: s been paid for?	Year:			
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Vehicle:						
cy:		Operator:				
ess:		Make of Vehicle:				
el:		Year:				
se No.:		Speed of Vehicle:				
te Vehicle, was it a truck, state:	Was it loaded	with what				
high was it loaded?		Was it covered?				
es:						
2:	Address:					
2:	Address:					
2:	Address:					
e:	Address:					
re of Injuries:						
e e e e	ess:	ess:	cy:Operator: ess: Make of Vehicle: l:Year: se No.: Speed of Vehicle: te Vehicle, was it a truck, state: Was it loaded with what high was it loaded? Was it covered?			

14.	Doctor(s):
	Hospital(s):
	Date of Treatment:
15.	If there were any witnesses to the accident, please list names below and their addresses:
	Name: Address:
	Name: Address:
	Name: Address:
16.	Investigation Officer:
	Department:
17.	Show how incident occurred by using one of these diagrams:
	IMPORTANT: Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured vehicle collided) with direction in which both were proceeding.
	Your Car Other Car Trailer Motorcycle Bus Truck
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Indicate Points of Compass (N,E,S,W)

Form 141 Rev 12/1/2005

18. Property Involved in Incident:

INCIDENT INVOLVING PROPERTY DAMAGE:
(Please fill out only if incident involved property damage other then a vehicle)

Address:						
City:	State:	Zip Code:				
19. Date of Incident:	Time:					
20. State Agency Involved: _						
- • •	sider responsible for the incident:					
	/ee:					
23. State Project Number: _						
24. Contractor:	Contractor:					
Provide any additional co	omments or attach pictures related to the	incident.				
Date of Report:	Signature:					